

Guay

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <div style="border-bottom: 1px solid black; padding-bottom: 2px;"><i>X Arthur McReynolds</i></div> <div style="text-align: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</div> </p> <p>B. Received by (Printed Name) <div style="border-bottom: 1px solid black; padding-bottom: 2px;">ARTHUR MCREYNOLDS</div> </p> <p>C. Date of Delivery <div style="text-align: right; padding-right: 20px;">MAR 29 2006</div> </p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="font-size: 1.2em; margin-left: 20px;">Colonial BancGroup P.O. Box 1108 Montgomery, Alabama 36101-1108</p>	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail </div> <div> <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D. </div> </div>
<p>2. Article Number <i>(Transfer from service label)</i></p> <p style="font-size: 1.2em; margin-left: 20px;">2:06cv271 (comp/sumo 20 sep)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<div style="display: flex; justify-content: space-between; align-items: center;"> <div>PS Form 3811, February 2004</div> <div>Domestic Return Receipt</div> <div>102595-02-M-1540</div> </div>	

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